

West Virginia

Rural Domestic Violence & Child Victimization  
Enforcement Program Project Evaluation

Project Year 2000-2002



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## Executive Summary

This report presents the findings from an evaluation of the West Virginia Coalition Against Domestic Violence's (Coalition) Rural Domestic Violence & Child Victimization Enforcement grant project. The project, active from October 2000 through September 2002, focused on improving services to domestic violence victims from four traditionally underserved populations: the elderly, people of color, people with disabilities, and people from the lesbian/gay/bisexual/transgender community. In addition, the project would begin addressing the issue of the co-existence of domestic violence and child victimization.

The Division of Criminal Justice Services' Criminal Justice Statistical Analysis Center (CJSAC) received grant funding to conduct an evaluation of the Coalition's project. The CJSAC collected monthly progress reports and received data on victims served from the Coalition, analyzed the service provider needs assessment tool (The Readiness Guide), administered and analyzed a follow-up survey, administered and analyzed pre/post surveys of the training conference, and attended meetings of the Domestic Violence/Child Victimization Study and Policy Workgroup. These sources were used to evaluate the project and prepare this report.

The first section of the report summarizes the accomplishments of the Coalition's project activities. Each of the objectives stated in the Coalition's grant application were met.

The number of victims served from the target populations is presented in Section II. On average 13.5% of all unique victims served by the licensed domestic violence programs represented at least one of the underserved communities. The number of underserved victims receiving services increased by 9.0% from 2000-2001 to 2001-2002. An analysis of contacts for services over time showed that the number of underserved victims was at its lowest in November 2000 and peaked in August 2001. The outreach campaign was distributed in October 2000 to approximately 800 contacts throughout West Virginia. Radio advertisements began airing in November 2000.

The Readiness Guides completed in September 2000 and follow-up surveys conducted in July 2002 were used to assess the impact of the project on the quality of services. Section III summarizes the responses from the domestic violence shelters, outreach offices, and visitation centers. One issue that facilities still appear to be struggling to address is providing specific plans and/or policies in writing regarding various services for clients with special needs.

The effectiveness of the rural grant training was assessed through pre/post conference surveys. In the fall of 2001, a one day summit was held for those in leadership positions and was followed by a three day training, "Becoming Partners of Influence in Underserved Communities," which included more in-depth education on addressing domestic violence in underserved communities. Participants agreed more strongly after the training that they had a clear understanding of how domestic violence relates to the oppression of underserved communities, that they had identified the specific needs of underserved victims of domestic violence, and that they felt confident in their ability to help underserved victims of domestic violence.

Finally, an overview of the domestic violence/child victimization study and policy workgroup process is presented in Section V. The workgroup included representatives from the courts, child protective services, victim advocates, and other interested parties. A series of four educational forums facilitated by national consultants were presented to the workgroup. At the end of the grant period, Joyce Cook, Outreach Specialist with the Coalition, prepared an interim report summarizing the accomplishments of the workgroup toward examining differing perspectives, identifying common ground, developing a framework for analyzing the issues, and making recommendations. It was determined at the end of this grant period that recommendations for major statewide legislative or policy changes would be premature. It is anticipated that the workgroup will continue studying the issues, identifying the components necessary for effective cross training, and developing policy recommendations in the next grant period.

The Division of Criminal Justice Services, Criminal Justice Statistical Analysis Center (CJSAC) was funded under the Rural Domestic Violence and Child Victimization Enforcement Program to conduct this evaluation of the project activities of the West Virginia Coalition Against Domestic Violence. This statewide project addressed improving services to diverse and traditionally underserved populations in rural communities. Grant activities focused on four underserved populations that exist in rural communities throughout West Virginia, as well as the co-existence of domestic violence and child victimization. The underserved populations included: the elderly (age 55 and above), people with disabilities, people of color, and the lesbian/gay/bisexual/transgender (LGBT) communities.

The objectives of the evaluation were: (1) to assess the completion of the project's activities, (2) to assess the impact of the project on the quantity and quality of services provided to the target population, (3) to assess the effectiveness of the trainings, (4) to review the process of the domestic violence/child victimization workgroup in addressing the co-existence of these issues, (5) to produce a written report of the evaluation findings.

## Completion of Project Activities

The first goal of the Rural Grant project was to implement the unrealized recommendations of the original project and add an additional underserved community to the project. Four objectives were identified to reach this goal. First, the project would expand the delivery of more comprehensive and coordinated domestic violence services to the four underserved communities. Second, the Outreach Specialist, in consultation with the Advisory Councils, would facilitate the implementation of the existing and evolving Joint Council recommendations. Third, the training program for domestic violence service providers and community responders would be expanded to focus on the particular situations and specialized needs of the four traditionally underserved communities to enhance the delivery of services. Finally, domestic violence public information and education materials directed specifically at the four traditionally underserved groups would be developed and distributed.

The WVCADV continued to employ Joyce Cook in the Outreach Specialist position to coordinate the project. She continued to meet with the three Advisory Councils formed in the previous grant cycle and developed a fourth representing the newly added lesbian/gay/bisexual/transgender (LGBT) community. The Advisory Councils were created to ensure that the program was both relevant and sensitive to the special needs and conditions of the underserved communities. Advisory Council members provided input with regard to public awareness and outreach and training.

**Goal 1: To implement the unrealized recommendations of the original project and add an additional underserved community to the project.**

Objective 1: Expand the delivery of more comprehensive and coordinated domestic violence services to the four underserved communities.

Objective 2: The Outreach Specialist, in consultation with the Advisory Committees, will facilitate the implementation of the existing and evolving Joint Council recommendations.

Objective 3: Expand the training program for domestic violence service providers and community responders focusing on the particular situations and specialized needs of the four traditionally underserved communities to enhance the delivery of services.

Objective 4: To develop and distribute domestic violence public information and education materials directed specifically at the four traditionally underserved groups.

**Goal 2: To research, educate, and train on the co-existence of child victimization and domestic violence.**

Objective 1: Coordinate efforts to bring together child protective services, domestic violence programs, the criminal justice system, and other advocacy groups or services organizations to address the safety, well-being, and stability of children and families experiencing domestic violence and maltreatment.

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The brochure series and community action kits developed during the previous grant period were distributed to the licensed domestic violence programs in October 2000. In addition, the community action kits were sent to approximately 800 contacts throughout West Virginia including senior centers, independent living centers, West Virginia Assistive Technology Systems (WVATS), Division of Corrections, communities of faith, domestic violence advocates, advisory council members, groups within colleges and universities, and the NAACP. Radio advertisements aired in November 2000.

Advisory Council recommendations continued to evolve as the groups met individually and as a joint council during the grant period. The councils focused on specific issues to be included in training efforts for responders in underserved communities, as well as formal response systems, and a new public awareness/education campaign. Council members held focus groups to gain information from communities throughout West Virginia. A panel of Advisory Council members presented pertinent points to demonstrate the impact of domestic violence in the lives of people from the underserved communities for the Summit for “Becoming Partners of Influence in Underserved Communities”.

A conference was held in the fall of 2001 to address the joint advisory council recommendation to provide specialized training on issues of underserved communities to domestic violence responders. The target audience for the training included a broad range of potential responders to domestic violence. A two-tiered approach was used to present the training. First, a one day summit was held to provide introductory issues to leaders from communities and various disciplines and encourage them to send representatives in positions to facilitate local trainings to participate in the training. A three day training of trainers, “Becoming Partners of Influence in Underserved Communities,” including more in-depth education on addressing domestic violence in underserved communities was provided for these representatives.

In September of 2002, a training was held on improving accessibility to services for people with special needs. This training was initiated by the Access Workgroup, a sub-committee of the Joint Advisory

Council, featuring representatives from licensed domestic violence programs, Adult Protective Services, Office of Behavioral Health, the Coalition, and the workgroup. The workgroup also developed training tools for use by domestic violence advocates including a flow chart for addressing victims with special needs, an overview on developing a pool of personal attendants, understanding independence of people with disabilities, and a needs self-assessment tool that connects special needs with available resources.

The Outreach Specialist coordinated, facilitated, and/or participated in several other state and national trainings during the grant period. These trainings provided many opportunities to gather information and network.

Public information and education materials directed at the four underserved communities were designed and developed giving consideration to feedback from the previously distributed materials. The Outreach Specialist worked closely with the Public Awareness sub-committee and a graphic artist to develop an implementation plan incorporating the advisory council recommendations into brochures, posters, and a revised community action kit. The new public awareness materials were distributed in September 2002.

In addition to the new campaign, all previously developed materials were revised in alternate formats including audio tape and Braille. The Outreach Specialist also appeared on a statewide television broadcast, *Capitol Events*, that highlighted the issue of domestic violence in the lives of underserved communities. Materials developed through the rural grant were displayed at conferences throughout the state, such as the Governor’s Summit on Aging and the WVU Center on Aging Conference.

The second goal of the project was to research, educate, and train on the co-existence of domestic violence and child victimization. To address this goal the main objective was to coordinate efforts to bring together child protective services, domestic violence programs, the criminal justice system, and other advocacy groups or service organizations to address the safety, well-being, and stability of children and families experiencing domestic violence and child maltreatment.



After meeting with representatives from various state agencies and receiving referrals, letters were sent to relevant parties outlining the intersection of domestic violence and child victimization, providing information about the workgroup, and inviting participation. Representation on the policy and study workgroup included CPS, the courts, the Guardian Ad Litem program, CASA, licensed domestic violence programs, legislators, child mental health providers, and prosecutors.

While magistrates, family law masters, and circuit court judges were encouraged to participate on the workgroup, the nature of their participation was an issue of dispute. The Outreach Specialist worked closely with Court Administration to define the parameters of judicial representation on the workgroup. “Appointments” to the workgroup could not be approved due to the belief that participation might be seen as jeopardizing judicial impartiality in some cases. The educational forum presented by Judge Fitzgerald was, however, viewed as an appropriate venue for discussing the issues without jeopardizing judicial code of conduct. The forum addressed the role of judges in ending family violence and was well attended by judicial representatives.

The judicial process for domestic violence and child abuse and neglect cases was also being impacted by recent legislative changes moving West Virginia toward a more unified family court system. The ramifications of judicial participation on the workgroup were magnified

by these changes, since roles within the system had not yet been clearly defined. The Outreach Specialist continued to solicit participation and confirmed one circuit judge, a family law master, and a local attorney who participated regularly on the workgroup.

The series of six meetings that were scheduled for the workgroup included educational forums on issues such as “The Green Book” recommendations, the Adoption and Safe Families Act, diversity in batterers intervention programming, and practical applications in child protective services. The evaluator attended each of the workgroup meetings to observe the group’s progress in developing policy recommendations for West Virginia to address the intersection of domestic violence and child victimization. At the end of the grant period, Joyce Cook prepared an interim report summarizing the workgroup’s deliberations and understanding of the overlap of domestic violence and child victimization. The report identifies the process used by the workgroup, outlines differing perspectives and common ground of the workgroup, provides an analysis of the issues, and provides recommendations for addressing the overlap of domestic violence and child victimization in West Virginia (shown in the box below). In addition, the workgroup made recommendations for future deliberations which included continuing to study the issues, identifying the components necessary for effective cross training, and developing policy recommendations.

#### Interim Report Recommendations for addressing the complex overlap of domestic violence and child victimization in WV

- (1) That consistent cross training among disciplines (courts, lawyers, advocates, CPS, counselors, law enforcement, etc.) on family violence (including the dynamics and legal procedures for domestic violence and child abuse and neglect and services provided) is needed statewide.
- (2) That local community or policy round tables that encourage dialogue and thinking among all disciplines about these issues and that address perception of systems, cultures, and practices are recommended before adopting new policies or initiatives.
- (3) That more research and deliberation is needed on the effectiveness of current WV policies and practices. Therefore the workgroup recommends that major statewide legislative or policy changes at this time would be premature and possibly to the detriment of children and families. This recommendation is made considering the complexity of the issues, the inconsistent approaches between disciplines, the lack of training across disciplines on family violence, and the unintended consequences to children and families that may arise and have been demonstrated by other states developing policy.

## Victims Served

Fiscal year data summary reports and the database from the West Virginia Coalition Against Domestic Violence were used to illustrate the number of victims served from each of the underserved communities. The communities are defined by the rural grant slightly different than the way these data are collected. The data are therefore limited by the following factors. (1) The elderly population is defined for the purposes of the rural grant project as age 55 and older. However, victim age was presented in the data summary reports for the age group 60 and older. (2) For the purposes of the rural grant project, people of color is defined to include Hispanics, Asians, African-Americans, Native Americans, and all other non-Caucasian groups. All known race categories other than white were totaled from the data summary reports to obtain the number of victims served for this group. (3) The intent was for the service provider to make the determination regarding disabilities; however, in some cases self-reporting may have occurred. (4) Relationship status, not sexual orientation, of the victim is collected in the database. Only those victims who reported their relationship status as gay/lesbian partner were included as a count of those victims representing the LGBT community. No indicator is available in the database to determine if victims represent bisexual or transgender communities. The numbers shown, therefore likely underrepresent victims served from the LGBT community.

The number of victims served from both the other than white community and the disabled community increased each year (Table 1). Elderly victims served increased by 23.1% from 1999-2000 to 2000-2001 and then decreased by 16.9% from 2000-2001 to 2001-2002.

**Table 2**  
Underserved Victims Compared to All Unique Victims

|           | Unique Victims | Underserved Victims |       |
|-----------|----------------|---------------------|-------|
| 1999-2000 | 16,275         | 2,208               | 13.6% |
| 2000-2001 | 18,201         | 2,390               | 13.1% |
| 2001-2002 | 19,062         | 2,604               | 13.7% |

**Table 1**  
Unique Victims Served by Underserved Community

|                     | FY 99-00 | FY 00-01 | FY 01-02 |
|---------------------|----------|----------|----------|
| Age 60 and Older    | 255      | 314      | 261      |
| Other than White    | 720      | 792      | 879      |
| Disabled            | 1,525    | 1,566    | 1,747    |
| Gay/Lesbian Partner | 14       | 33       | 57       |

*Note: Victims representing multiple groups are included in each total.*

The number of victims reporting a relationship status of gay/lesbian partner increased each year.

The total number of unique victims representing at least one of the underserved communities was also obtained from the Coalition database for FY 99-00, FY 00-01 and FY 01-02. Underserved cases were selected if ethnicity was other than white, the age was greater than 59, a physical or mental disability was indicated, or the relationship status was lesbian/gay partner. Table 2 shows the total number of unique victims served by the 13 licensed domestic violence programs for each year and the number and percentage of those that were underserved victims. Unique victims representing the underserved communities averaged about 13.5% of all victims served. The number of victims served from underserved communities increased by 9.0% from 2000-2001 to 2001-2002. During this same time the total number of unique victims served increased by 4.7%.

Table 3 shows the distribution of unique underserved victims served by domestic violence program for FY 99-00, FY 00-01, and FY 01-02. The percentage change from the previous year is also shown. The Women's Resource Center, which serves Fayette, Nicholas, Raleigh, and Summers counties, reported the greatest number of underserved victims during the three years (1,080).

In order to look at the change in the number of underserved victims served over time, all victim contacts in the database were analyzed. There were a total of 70,744 victim contacts for services between July 2000 and June 2002. Of these, 10,119 (14.3%) were victims who represented at least one of the four underserved

Table 3 Unique Underserved Victims Served by DV Program

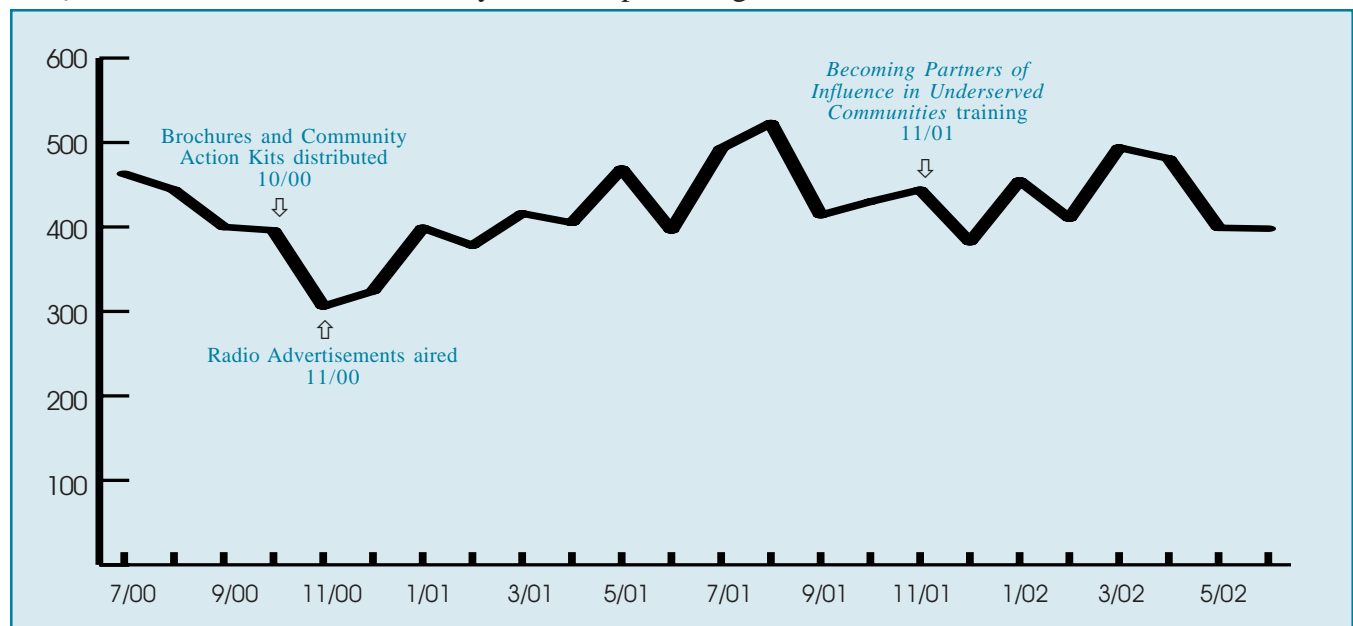
|   | FY 99-00     | FY 00-01        | FY 01-02        |
|---|--------------|-----------------|-----------------|
|   | #            | # % change      | # % change      |
| Branches, Inc.                              | 97           | 98 1%           | 86 -12%         |
| Family Crisis Center                        | 29           | 45 55%          | 55 22%          |
| Family Crisis Intervention Center           | 185          | 119 -36%        | 147 24%         |
| Family Refuge Center                        | 165          | 174 5%          | 219 26%         |
| Family Violence Prevention Program          | 187          | 146 -22%        | 144 -1%         |
| HOPE, Inc.                                  | 126          | 129 2%          | 161 25%         |
| Rape & Domestic Violence Information Center | 118          | 179 52%         | 208 16%         |
| Resolve Family Abuse Program                | 247          | 316 28%         | 288 -9%         |
| Stop Abusive Family Environments            | 217          | 308 42%         | 394 28%         |
| Shenandoah Women's Center                   | 121          | 135 12%         | 177 31%         |
| Tug Valley Recovery Shelter                 | 244          | 236 -3%         | 219 -7%         |
| Women's Aid in Crisis                       | 135          | 131 -3%         | 137 5%          |
| Women's Resource Center                     | 337          | 374 11%         | 369 -1%         |
| <b>Total</b>                                | <b>2,208</b> | <b>2,390 8%</b> | <b>2,604 9%</b> |

communities. Graph 1 provides a timeline of contacts for services by underserved victims by month. The number of underserved victims served was at its lowest (306) in November 2000. It then began increasing to the peak during this period of 523 in August 2001.

Three specific outreach campaigns taking place during the grant period are also shown on Graph 1. The outreach

materials developed during the previous grant period were distributed to approximately 800 contacts throughout West Virginia in October 2000. The radio advertisements then began airing in November 2000. Finally, the three day training, "Becoming Partners of Influence in Underserved Communities," was held in November 2001.

Graph 1 Contacts for Services by Victims representing the Underserved Communities



## Readiness Guides

The Readiness Guide was developed as a self-assessment tool for reviewing services provided by resident and non-resident domestic violence programs to victims of underserved communities. It was designed to allow the programs to see what actions were necessary to improve services, set time frames for completing the actions, and record when the actions were completed.

Each shelter, outreach office, and visitation center was asked to complete and return a Readiness Guide to the West Virginia Coalition Against Domestic Violence by September 2000. A total of 39 Readiness Guides were completed by 12 of the licensed domestic violence programs (Table 4). The information was entered into a database and analyzed to assess the level of readiness and determine the programs' needs for serving the underserved communities in West Virginia.

The Readiness Guide is composed of ten sections dealing with the various aspects of services including experience, transportation needs, safety, building accessibility, communication, attitudinal accessibility, training, referrals, medications, and community accessibility. Each section provides a short description and a series of questions that represent minimal guidelines recommended by national experts working to improve services to underserved communities.

The underserved group that the greatest number of respondents (16) reported having no experience working with was non-English speaking clients and/or immigrants. Seven facilities had not worked with clients from the lesbian/gay/bisexual/transgender community. Six had no experience with people of color, 5 had not worked with disabled clients, and 2 had not worked with clients over age 55.

21 facilities indicated that they did not have a referral for a van system to accommodate clients who use electric wheelchairs and cannot use the public bus system.

Safety information was not often reported to be available in alternate formats. Only 7 facilities indicated that information such as emergency numbers and maps of the building with fire escape routes were available in a large print format. 2 reported that these materials were available in Braille and 1 reported providing the information in another language. 22 facilities reported that their alarm systems did not have both visual and auditory alarms in each room.

Table 4 Readiness Guide Surveys Received

| Program Name                                  | Shelter   | Outreach  | Visitation | Total Responses |
|---|-----------|-----------|------------|-----------------|
| Family Crisis Center                          | 1         | 3         | 0          | 4               |
| Family Crisis Intervention Center             | 1         | 6         | 1          | 8               |
| Family Refuge Center                          | 1         | 3         | 1          | 5               |
| HOPE, Inc.                                    | 1         | 0         | 0          | 1               |
| Rape and Domestic Violence Information Center | 1         | 2         | 0          | 3               |
| Resolve Family Abuse Program                  | 1         | 2         | 0          | 3               |
| Shenandoah Women's Center                     | 1         | 1         | 0          | 2               |
| Stop Abusive Family Environments              | 1         | 2         | 0          | 3               |
| Tug Valley Recovery Shelter                   | 1         | 1         | 0          | 2               |
| Women's Aid in Crisis                         | 1         | 4         | 0          | 5               |
| Women's Resource Center                       | 0         | 2         | 0          | 2               |
| YWCA Family Violence Prevention Program       | 1         | 0         | 0          | 1               |
| <b>Total</b>                                  | <b>11</b> | <b>26</b> | <b>2</b>   | <b>39</b>       |

*\*No response received from Branches Domestic Violence Shelter.*

While the majority of facilities (23) reported that they have a flat or ramped entrance with a 32-inch wide doorway, 14 did not.

Few facilities indicated that education/outreach materials were provided in a variety of formats such as large print, Braille, and other languages. However, most facilities did report that the available materials reflected a diversity of experiences, racial composition, ages, sexual orientations, and abilities.

Although services may be available to the general public, some people may feel programs are not inviting, accommodating, or do not meet their individual needs. One way to address this issue is for the program's staff, board members, and/or volunteers to represent diversity. 28 facilities indicated that they had representatives who are over age 55. 16 had representatives who are people of color, 11 had people with disabilities, and 8 had people from the lesbian/gay/bisexual/transgender community.

About half of the responding facilities reported that their office holds regular awareness workshops to educate board, staff, and volunteers about the needs of people from the underserved communities.

Most facilities reported networking/communicating on a regular basis with agencies who assist people with various disabilities (35), people in later life (31), and people of color (26). 18 facilities indicated communicating with agencies who assist lesbian/gay/bisexual/transgender people, while 11 did not.

Administering medications in a residential setting raises many issues for both the program and the client. The needs of the client to access or administer her own medications must be balanced with safety and security issues within a shelter setting. 5 facilities reported that clients could monitor their own medications if appropriate. Only 2 residential programs reported having a nurse on staff or access to a nurse.

About 75% of the responding facilities reported that their local law enforcement agencies did not provide regular diversity training addressing the issues of the underserved communities. This type of training was, however, reportedly provided by local Child Protective Services according to about half of the facilities. It was also reported that Adult Protective Services provided diversity training including the issues of the underserved communities.

Table 5 Follow-up Surveys Received

|                           |          |
|---------------------------|----------|
| Berkeley County Shelter   | SWC      |
| Boone County Outreach     | RFAP     |
| Braxton County Outreach   | WAIC     |
| Cabell County Shelter     | Branches |
| Grant County Outreach     | FCC      |
| Greenbrier County Shelter | FRC      |
| Harrison County Outreach  | HOPE     |
| Jefferson County Outreach | SWC      |
| Kanawha County Shelter    | RFAP     |
| Lincoln County Outreach   | Branches |
| Marion County Shelter     | HOPE     |
| McDowell County Shelter   | SAFE     |
| Mercer County Outreach    | SAFE     |
| Mineral County Shelter    | FCC      |
| Mingo County Outreach     | TVRS     |
| Mingo County Shelter      | TVRS     |
| Ohio County Shelter       | FVPP     |
| Preston County Outreach   | RDVIC    |
| Raleigh County Shelter    | WRC      |
| Randolph County Shelter   | WAIC     |
| Ritchie County Outreach   | FCIC     |
| Summers County Outreach   | WRC      |
| Wetzel County Outreach    | FVPP     |
| Wood County Shelter       | FCIC     |

A short follow-up survey was sent to the 13 programs in July 2002 to determine if changes had been made. Programs were asked to complete two surveys, one for shelter services and one for outreach services. Table 5 lists those facilities that responded to the survey.

The results from the yes/no questions are shown in the Table on the following page. A summary of responses to the remaining open-ended questions follows.

## Readiness Guide Follow-up survey:

|   | Yes | No | Don't Know/<br>No Response |
|---|-----|----|----------------------------|
| Do intake workers at your facility ask any screening questions about the special needs of a client at initial intake (whether it be on the phone, at an outreach office, or at the shelter)?              | 22  | 1  | 1                          |
| Does your facility have a specific plan or policy, in writing, regarding transportation services for those clients with special needs?  | 5   | 17 | 2                          |
| Does your facility incorporate the different safety needs of people from underserved communities into its safety planning tools?  | 18  | 3  | 3                          |
| Have there been specific changes made to your physical facility since September 2000 to make it more accessible?  | 7   | 17 | 0                          |
| Are you aware that your facility has access to outreach/educational materials in a variety of formats and materials that reflect a diversity of experience, age, race, sexual orientation, and abilities? | 21  | 2  | 1                          |
| Have you used these materials?  | 20  | 3  | 1                          |
| Has your facility developed any new outreach/educational materials with specific consideration for the underserved communities?   | 6   | 16 | 2                          |
| Does your facility train staff on how to work with clients with low educational levels or high functional dependency on others?   | 19  | 5  | 0                          |
| Has your facility developed any outreach/educational materials specifically for these clients? (i.e. basic skills instructions)   | 5   | 19 | 0                          |
| Does your facility train staff or send staff to training, to allow them to better advocate for clients from the underserved communities?  | 24  | 0  | 0                          |
| Are you aware of the trainings provided through the rural grant?  | 24  | 0  | 0                          |
| Is your facility participating (or plan to participate) in the curriculum/certification process through the WVCADV?   | 21  | 3  | 0                          |
| Is there an independent living facility in your community?  | 9   | 9  | 6                          |
| Is there an organization/facility in your area where clients in need of a 24-hour personal care assistant can receive shelter safely?   | 10  | 7  | 7                          |
| Has your facility identified specific barriers in the criminal justice system (in your area) that might affect clients from the underserved communities and the services they receive?                    | 17  | 7  | 0                          |
| Does your facility have a written plan for how to address the barriers with clients from the underserved communities?   | 3   | 20 | 1                          |



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## Additional open-ended questions:

Respondents were asked to list specific questions that staff asks clients from one of the underserved communities (or actions staff take) that would help address their special needs with regard to safety. Several responses indicated that the client would be asked if they had any special needs that staff should know about to better assist them. Questions were also asked to determine the appropriate safety plan. Clients were asked if they had a phone, transportation, and family or friends for support.

The percentage of the staff, including volunteers, that have been trained on TTY and Relay Services ranged from 0 to 100%. 7 facilities reported that 100% of staff were trained. The process for training new staff and updating all staff was most often reported to be a part of new employee orientation. One facility also reported that they conduct yearly refreshers on the system. Three outreach offices indicated that they did not have TTY devices.

Those facilities indicating that they had used the outreach/educational materials reported distributing them throughout the community in doctors offices, magistrate clerks offices, courthouses, health departments, senior centers, and health fairs.

Respondents were asked to provide specific examples of how their facility reflects diversity. Most (12) reported that the facility had staff and/or volunteers who represented one or more of the underserved communities. Others indicated that personal care products were made available to meet the needs of people of color and of all ages. Facilities reported that an effort was made to accommodate cultural and religious diversity in program planning and dietary restrictions.

An organization supporting a community of color located in the local area was to be identified by each facility. Organizations included: NABOR, MUSTER, Lincoln School, Towers living for the elderly, MAC-612 in Marion County, Mission, SAFE, SRO, Starland Heights, Sumner Museum, NAACP, Cultural Awareness and Diversity Group, and the Community Care Program.

Respondents were also asked to report where the closest support or networking organization for people of the lesbian/gay/bisexual/transgender community was in their area. LGBT organizations were identified in Charleston, Fairmont, Morgantown, Parkersburg, Bluefield, Huntington, and Winchester, VA.

If facilities reported that they had a written plan for addressing barriers in the criminal justice system with clients from underserved communities, they were asked to describe their plan. Two indicated that the Prosecuting Attorney's Institute had a plan to address the recruitment of new attorneys. Two others stated that they had staff trained on providing services for underserved communities.

Each facility was then ask to identify one barrier. Lack of money, pro bono attorneys, transportation services, and translators for non-English speaking and deaf clients were some of the barriers reported. Respondents felt that law enforcement and/or judges pre-judge people from underserved communities. Law enforcement sometimes does not believe that a mentally disabled person can factually state what happened.

Finally, facilities were given two hypothetical situations and asked how they would respond and if the response was determined by a written policy within their program.

The first situation dealt with a client indicating at intake the need for a personal care assistant for 4 hours per day. Five facilities reported that a written policy was in place to address this situation. Most (17) facilities reported that they would make a referral to another agency and/or help the client arrange for a personal care assistant if they did not have one. Five facilities indicated that the personal care assistant was welcome in the shelter.

The second situation concerned transporting a client to court who is in a wheelchair and unable to self-transfer. Only 3 facilities reported that a written policy was in place to address this situation. Eleven facilities stated that they would contact another agency and arrange transportation for the client in a handicap accessible van. Another 11 reported that they would assist with transporting to the best of their ability. Three of these 11 facilities indicated that they had an accessible van. Others would take along additional staff or ask family members to assist them.

## Rural Grant Trainings

The Summit for “Becoming Partners of Influence in Underserved Communities” was held on October 9, 2001 at the John XXIII Pastoral Center. The purpose of the Summit was to bring together statewide representatives from various fields to consider a community response to domestic violence in the lives of marginalized communities. This one day Summit also set the stage for the more in depth training held November 27-29, 2001. Summit participants in leadership roles were encouraged to send representatives, who are in positions to facilitate local trainings, to the training in November. The three-day training would then move participants through the process of developing skills and a content base to allow them to facilitate a similar training in their local community.

There were a total of 56 participants at the Summit. 39 completed an evaluation of the Summit. 56.4% of these leaders indicated that they would be attending the November training. 59.0% indicated that they planned to send other representatives from their agency/community. The following results were shared with the WVCADV after the training.

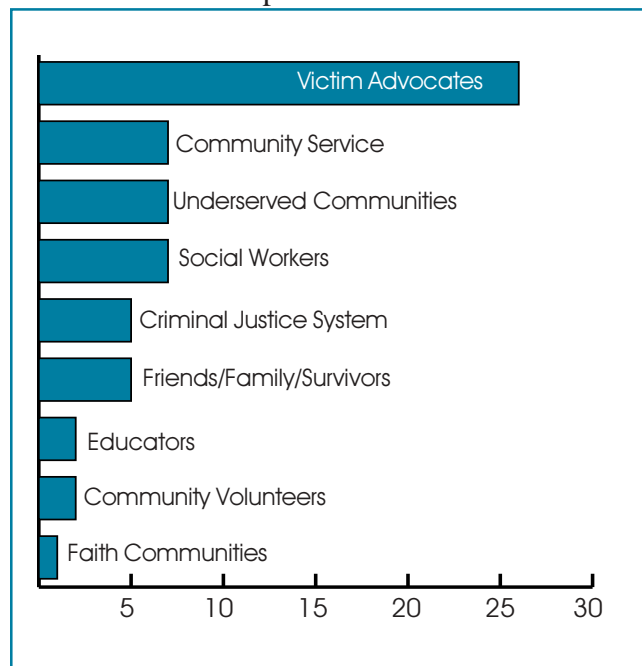
Participants rated the Summit’s overall applicability to their job, the keynote speaker’s content and delivery, the panel presentation, and the dramatic presentation on a scale of 1 to 6, with 1 being poor and 6 being excellent. The average score for overall applicability was 5.03. The keynote speaker’s content and delivery received an average rating of 5.19. The panel and dramatic presentations were rated 5.03 and 5.47 on average, respectively.

57 participants attended the “Becoming Partners of Influence in Underserved Communities” training in November at the John XXIII Pastoral Center. 45 participants completed the pre/post evaluations of the training.

The pre-conference survey ask participants to identify their role in responding to domestic violence. 86.7% indicated that their role was the result of a professional involvement. Participants also indicated that their role was the result of personal involvement (6.7%) and/or volunteer/community involvement (6.7%).

60% of those completing pre-conference surveys stated that they worked for one of the 13 licensed domestic violence programs that are members of the West Virginia Coalition Against Domestic Violence.

Graph 2  
“Becoming Partners of Influence in Underserved Communities” Participants



Most participants (26 or 57.8%) reported that they were representing victim advocates (Graph 2). Other groups represented at the conference included community service providers (7), underserved communities (7), social workers (7), the criminal justice system (5), friends, family, and/or survivors (5), educators (2), community volunteers (2), and faith communities (1).

Participants were also asked to identify whether they represented one or more of the underserved communities. People of color were represented by 11 participants. 8 represented people with disabilities, 5 people in later life, and 3 people from the lesbian/gay/bisexual/transgender communities.

Participants were given a series of 14 statements to indicate their level of agreement with both before and after the training. The statements were designed to determine if their understanding of and ability to serve victims of domestic violence from underserved communities changed during the course of the training. The Table on the following page illustrates the average responses from the paired pre-conference and post-conference surveys. In general, participants agreed more strongly with each statement after attending the conference. The difference in the mean values was



*“Becoming Partners of Influence in Underserved Communities”*

Scale:

1 Strongly Disagree      2 Disagree  
3 Agree                      4 Strongly Agree

|   | n  | mean<br>pre-con. | mean<br>post-con. | std. dev. | t value | P    |
|---|----|------------------|-------------------|-----------|---------|------|
| 1. I have a clear understanding of how domestic violence relates to the oppression of <i>people of color</i> .              | 35 | 2.63             | 3.40              | 0.69      | 6.6     | <.01 |
| 2. I have a clear understanding of how domestic violence relates to the oppression of <i>people with disabilities</i> .     | 36 | 2.69             | 3.50              | 0.62      | 7.7     | <.01 |
| 3. I have a clear understanding of how domestic violence relates to the oppression of <i>people in later life</i> .         | 36 | 2.56             | 3.53              | 0.61      | 9.6     | <.01 |
| 4. I have a clear understanding of how domestic violence relates to the oppression of <i>people from LGBT communities</i> . | 36 | 2.50             | 3.33              | 0.78      | 6.5     | <.01 |
| 5. I have identified the specific needs of domestic violence victims who are <i>people of color</i> .                       | 35 | 2.37             | 3.17              | 0.63      | 7.5     | <.01 |
| 6. I have identified the specific needs of domestic violence victims who are <i>people with disabilities</i> .              | 36 | 2.42             | 3.33              | 0.77      | 7.1     | <.01 |
| 7. I have identified the specific needs of domestic violence victims who are <i>people in later life</i> .                  | 36 | 2.36             | 3.31              | 0.75      | 7.5     | <.01 |
| 8. I have identified the specific needs of domestic violence victims who are <i>people from LGBT communities</i> .          | 35 | 2.23             | 3.09              | 0.85      | 6.0     | <.01 |
| 9. I feel confident in my ability to help victims of domestic violence who are <i>people of color</i> .                     | 35 | 2.63             | 3.37              | 0.66      | 6.7     | <.01 |
| 10. I feel confident in my ability to help victims of domestic violence who are <i>people with disabilities</i> .           | 36 | 2.50             | 3.25              | 0.73      | 6.1     | <.01 |
| 11. I feel confident in my ability to help victims of domestic violence who are <i>people in later life</i> .               | 36 | 2.47             | 3.31              | 0.66      | 7.6     | <.01 |
| 12. I feel confident in my ability to help victims of domestic violence who are <i>people from LGBT communities</i> .       | 36 | 2.33             | 3.22              | 0.82      | 6.5     | <.01 |
| 13. I understand the need for a community response to domestic violence.  | 36 | 3.69             | 3.78              | 0.81      | 0.6     | N.S. |
| 14. I understand how I fit into this community response.  | 35 | 3.06             | 3.60              | 0.70      | 4.6     | <.01 |

statistically significant ( $p < .01$ ) for all statements except number 13. This statement received the highest score on both the pre and post conference surveys. Participants agreed strongly (3.69) that they understood the need for a community response to domestic violence prior to the training. The increased agreement (3.78) after the training was not statistically significant.

The post-conference survey also asked participants to rate the effectiveness of the dramatic presentation and 4 concurrent workshops. The dramatic presentation received an average rating of 3.59, on a scale of 1 to 4 with 4 being excellent. 13 participants gave the LGBT workshop an average rating of 3.46. Both the communities of color and people with disabilities workshops received an average rating of 4.0. However, fewer people rated these workshops (8 and 3 participants respectively). Seven participants rated the people in later life workshop an average of 3.29.

After attending the “Becoming Partners of Influence in Underserved Communities” training, 5 participants reported that they would and 23 participants thought that they might organize a similar training in their community. Nearly all participants (39) reported that they would or might share the information with others in their work/community.

## Domestic Violence/Child Victimization Study and Policy Workgroup

The second goal of the Rural Grant project was to research, educate, and train on the co-existence of child victimization and domestic violence. To accomplish this, the Outreach Specialist with the WVCADV organized a study and policy workgroup consisting of representatives from the courts, child protective services, victim advocates, and other interested parties. The first meeting of this workgroup was held on February 17, 2001. A series of 4 educational forums facilitated by national consultants followed. After receiving this training, the workgroup would outline the issue of the intersection of domestic violence and child victimization and make recommendations for best practices and policy development in West Virginia.

National consultants included Susan Schechter (principles behind “The Greenbook”), Judge Richard J. Fitzgerald (a judicial response), Fernando Mederos (batterer intervention specialist), and Lonna Davis (Family Violence Prevention Fund). In addition to the workgroup, each educational forum was open to others working in the specific discipline being addressed by the speaker.

The first educational forum was presented by Susan Schechter, clinical professor at the University of Iowa School of Social Work and co-author of *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice* (“The Greenbook”). The National Council of Juvenile and Family Court Judges initiated the project to develop guidelines for policy and practice in cases involving both domestic violence and child maltreatment.

Ms. Schechter reviewed the principles and vision for the development of “The Greenbook.” The guiding principles are that women have a right to be protected from harm, children have a right to be protected from harm, and people who batter and abuse must be held accountable. She stated that the guiding framework for “The Greenbook” includes three core values: create safety, enhance well-being, and provide stability for children and families. The guidelines for child protective services, the courts, and domestic violence programs presented in “The Greenbook” were developed based upon these principles and framework.

National consultants facilitated educational forums for the Domestic Violence/Child Victimization Study and Policy Workgroup.

**Susan Schechter**, *Clinical Professor*  
University of Iowa School of Social Work

**The Honorable Judge Richard Fitzgerald**,  
*Senior Judge*  
Commonwealth of Kentucky

**Fernando Mederos**, *Batterer Intervention Specialist - DV Unit*  
Department of Social Services, Boston, MA

**Lonna Davis**, *Children’s Program Manager*  
Family Violence Prevention Fund

An overview of emerging programs in other states was also presented. Programs in child protection, health, and justice systems were discussed.

Risks to women and children were discussed in terms of batterer-generated risks and life-generated risks. Traditionally, batterer-generated risks, such as physical and emotional abuse, have been addressed. Collaborative responses must also move beyond these types of risks to include solutions for life-generated risks associated with family violence. Life-generated risks include homelessness, financial pressures, and the loss of a support system.

The Honorable Judge Richard Fitzgerald, Senior Judge of the Commonwealth of Kentucky and noted lecturer on family preservation, child abuse and neglect, and other child welfare and safety issues presented the second forum. Judge Fitzgerald addressed topics including balancing social commitments with judicial code of conduct, measuring victim safety, clarifying the role of judges in ending family violence, the Adoption and Safe Families Act (ASFA), and efforts to improve judicial practice.

This forum proved particularly helpful in improving participation on the workgroup by judicial representatives. Judges and Family Law Masters were invited to an informal breakfast discussion with the Judge before the forum.

Judge Fitzgerald discussed the role of the courts in community partnerships and the changing role of the judge from dispassionate magistrate to an inquiring player. He believes that it is appropriate to ask judges to come to the table, without asking them to give up their governance. He also identified ten court practices that could improve the system (shown in the box below). The key principles of ASFA, safety of the child, permanency, and timeliness, were discussed. After the presentation, the group was asked to think about what judges need as administrators of institutions that have an impact on children, the behaviors of perpetrators, and safety for victims. The group discussed what “tools” the judge needs, how they can assist in transition, and what is currently working in their community.

The third educational forum was presented by Fernando Mederos, a national consultant and Batterer Intervention Specialist in the Domestic Violence Unit at the Department of Social Services in Boston, Massachusetts. Dr. Mederos focused on working with men who batter and reflecting diversity in service planning.

The presentation began with a behavioral definition of battering, who batterers are and how they are viewed, and the capacity of batterers to change. Dr. Mederos discussed assessment, accountability, interviewing, and

The Honorable Judge Richard Fitzgerald identified ten court practices that he feels are needed for system improvement.

- \*Facilitate co-trainings on roles and responsibilities of the judge
- \*Convene a communication forum for the entire community
- \*Structure case management such that it is driven by the courts and that the process is accessible and timely
- \*Provide clearly written court orders which identify risks and set expectations of behaviors and consequences of non-compliance
- \*Provide service linkages with all players
- \*Insist on the ethical behavior of all participants
- \*Provide an environment that promotes information sharing
- \*Solicit real world feedback on the system through focus groups or surveys
- \*Develop shared strategic planning to move from a culture of blame to one of safety
- \*Develop a community based protocol for family violence

service planning for men who batter and how both BIPPs and Child Protective Services are involved in the process. He presented the idea of working with the men as fathers and looking at how they were parented. In addition, the importance of being sensitive to cultural and racial differences was addressed. Appropriate service planning requires an understanding of other cultural perspectives and an awareness of life context issues.

Lonna Davis, Children's Program Manager for the Family Violence Prevention Fund and Technical Assistance Manager for the National "Greenbook" Initiative, presented the final educational forum. Ms. Davis gave an overview of the Family Violence Prevention Fund and the emerging issues being experienced by "The Greenbook" demonstration sites. Some of these issues include working with men who have traditionally been invisible in domestic violence services, cultural competency and diversity, confidentiality, balancing power relationships within the disciplines, and community engagement.

Ms. Davis also discussed practical applications of the principles of safety, stability, and accountability to child protective services case planning and shared some of her experiences. Some issues encountered included effectively working with battered women who are under the pressures of the legal system and time frames of ASFA, compounded class and economic issues for battered women, the capacity of CPS, and judges who may not be able to determine whether a family protection order or a child abuse and neglect petition is more appropriate. The group then started developing a continuum of available responses to families experiencing both domestic violence and child victimization.

After the educational forums, the workgroup continued to meet to pull together all of the information and begin formulating broad-based recommendations for West Virginia's response to the co-existence of domestic violence and child victimization. At the end of the grant period it was determined that the group should continue studying the issues and the information they had received before policy recommendations could be made. Joyce Cook prepared an interim report summarizing the accomplishments of the workgroup toward examining differing perspectives, identifying common ground, developing a framework for analyzing the issues, and making recommendations.

The Workgroup began developing a continuum of available responses to families experiencing both domestic violence and child victimization.

#### **Information & Referral:**

- ✧ Educate about the dynamics of domestic violence.
- ✧ Identify options for people experiencing domestic violence.
- ✧ Identify resources for receiving services.
- ✧ Educate about the criminal justice system, criminal charges, and protective orders.

#### **Informal Support System:**

- ✧ Faith Communities.
- ✧ Family.
- ✧ Neighbors.
- ✧ Big Brothers/Big Sisters.
- ✧ Boy/Girl Scouts.
- ✧ Mentoring Programs.

#### **School Systems:**

- ✧ Informal support, friends and social groups.
- ✧ Formal support, classes, school based-assistance teams, referral process, mandatory reporters, and truancy social workers.

#### **Service Providers:**

- ✧ Mental health centers.
- ✧ Domestic violence programs.
- ✧ Life skills programs.
- ✧ Victim Advocates.
- ✧ Educare/Birth to Three/My House.
- ✧ Wee Can.
- ✧ Child advocacy centers.

#### **Community-Based Teams:**

- ✧ School system.
- ✧ Voluntary multi-disciplinary teams (MDT's).
- ✧ Mental health centers.
- ✧ Interagency councils.
- ✧ Family Resource Networks (FRN's).

#### **Referral for System Response:**

- ✧ DHHR initial assessment.
- ✧ Minimum to moderate risk cases that are not opened can be referred to community services.
- ✧ Moderate to significant risk cases that are opened but do not involve the courts continue with family assessment, development of safety plan, and monitoring by the department.
- ✧ Moderate to significant risk cases that are opened and involve the courts may involve child placement and/or custody with DHHR.
- ✧ Perpetrator out of home order is an option with court-ordered cases.
- ✧ Federally mandated permanency planning is initiated with court-ordered cases.

#### **Criminal System Response:**

- ✧ Abuse and neglect charges.
- ✧ Domestic battery charges.
- ✧ Batterer Intervention Prevention Programs.

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## Domestic Violence/Child Victimization Study and Policy Workgroup

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